PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number			
Effective December 8, 2004									10	158	0026	7
		CLAIMS	AS FILED					SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
U.S. NATIONAL STAGE FEES			(Column 1)		<u> </u>	(Column 2)		RATE	FEE	1	RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		100	OF FUT II COO	-			-		7
			Satisfies PCT Article 33(1)-		ļ <u>.</u>	GE ENT. = \$ 300 ther situations =	ľ	BASIC FEE		OR	BASIC FEE	<u> </u>
EXAMINATION FEE			(4) = \$5	(4) = \$50/\$100 U.S. is ISA = \$50/\$100		\$ 100 / \$ 200		EXAM. FEE			EXAM. FEE	c
SEARCH FEE			ALL other countries = \$ 200 / \$ 400			other situations = 5 250 / \$ 500	\$	SEARCH FEE			SEARCH FEE	
FEE FOR EXTRA SPEC. PGS:			minus 100 =			/ 50 =		X \$ 125 =			X \$ 250 =	-
TOTAL CHARGEABLE CLAIMS			35	inus 20 =	*	15		X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			minus 3 =		* .			X \$ 100 =		OR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PR	SENT				ſ	+ \$ 180 =		OR	+ \$ 360 =	,
* If	the difference	e in column 1 is	less than zer	o, enter "C)" in co	" in column 2		TOTAL		OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						_	SMALL E		OR	OTHER SMALL E	NTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	SENTATION OF M	IULTIPLE DEF	PENDENT (CLAIM		T	+ \$ 180 =		OR	+ \$ 360 =	
							T	OTAL ADDIT. FFF		OR	TOTAL ADDIT.	
		(Column 1)	1	(Colun		(Column 3)	г		-	· •		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								OTAL ADDIT. FFF		OR	TOTAL ADDIT. FFF	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".												
	The "Highest Nur	mber Previously Paid	For" (Total or In	dependent) is	the high	hest number found in	n the	appropriate box	in column 1.			

FORM 9TO-875 (Rev. 02/2005)

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